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HEALTH PLANNING IN ILLINOIS

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P.L. 93-641
& P.L. 96-79

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"The achievement of equal access to quality health care at a reasonable cost is a priority of the Federal Government."*

To accomplish this, Congress passed P.L. 93-641, known as THE NATIONAL HEALTH PLANNING AND RESOURCES DEVELOPMENT ACT OF 1974, and P.L. 96-79, THE HEALTH PLANNING AND RESOURCES DEVELOPMENT AMENDMENTS OF 1979.

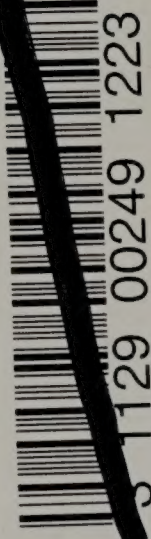
*Section 2., Findings and Purpose, P.L. 93-641/P.L. 96-79

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ITS PURPOSE IS TO:

1. Facilitate the development of recommendations for a national health planning policy.
2. Augment areawide and State planning for health services, manpower, and facilities.
3. Authorize financial assistance for the development of resources to further that policy.

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PURPOSES

THE LAW REPLACES

The Regional Medical Programs (P.L. 89-239)

State and Area-wide Comprehensive Health Planning Programs (P.L. 89-749)

Hill Burton Program (P.L. 79-725)

P.L. 93-641/P.L. 96-79 builds upon the experience of the above programs.

It begins with the best features of each and attempts to build a single new program of State and local health planning and development.

2. Prepares, reviews and revises as necessary (at least triennially) a preliminary State Health Plan which shall be made up of the Health Systems Plans of the Health Systems Agencies within the State; coordinates review of HSP's by State government.
3. Assists the Statewide Health Coordinating Council of the State in the performance of its functions generally.
- *4. Administers a State Certificate of Need program which applies to the obligation of capital expenditures within the State and the offering within the State of new institutional health services and the acquisition of major medical equipment; provides CON enforcement procedures and penalties.
- *5. After consideration of recommendations submitted by Health Systems Agencies respecting new institutional health services proposed to be offered within the State, makes findings as to the need for such services.
- *6. Reviews on a periodic basis (but not less often than every five years) at least those institutional and home services which are offered in the State and with respect to which goals have been established in the State Health Plan and, after consideration of recommendations submitted by Health Systems Agencies respecting the appropriateness of such services, makes public its findings; in this review, considers need for the service, accessibility, availability, financial viability, cost effectiveness, and the quality of services.
7. Prepares an inventory of the health care facilities (other than Federal) located in the State and evaluates on an ongoing basis the physical conditions of such facilities; these data shall be reported to the HSA's in the State.
8. Provides technical assistance to individuals and public and private entities in obtaining and filling out necessary forms for the development of projects and programs.
9. Coordinates the collection, retrieval, analysis, reporting and publication of statistical data and information related to health and health care. (Section 1522)

**Performed by the Illinois Health Facilities Planning Board under agreement with the SHPDA.*

STATEWIDE HEALTH COORDINATING COUNCIL — MEMBERSHIP

Under Section 1524 of the Law, the State has an advisory group called the Statewide Health Coordinating Council (SHCC). The Governor appoints at least 60 percent of the SHCC membership from persons nominated by each of the Health Systems Agencies in the State. The Governor may appoint additional persons as appropriate but these appointees cannot make up more than 40 percent of the total membership. Not less than 50 percent of the SHCC membership are consumers who are not also providers of health care.

In Illinois, each Health Systems Agency is entitled to equal representation with at least one (1) representative on the SHCC. Of these, not less than one-half are consumers.

The SHCC chairman is appointed by the Governor, and is selected from among its members. The SHCC conducts public meetings at least once each calendar quarter. If the Governor does not appoint the chairman, the SHCC shall select the chairman from among its members.

THE LAW ESTABLISHES

AT THE FEDERAL LEVEL

The Bureau of Health Planning and Resources Development (BHPRD) in Department of Health and Human Services and its Federal regional offices.

The National Council on Health Planning and Development.

A Center for Health Planning serving each of the ten (10) Federal regions. (In Region V, in which Illinois belongs, it is the Institute for Health Planning in Madison, Wisconsin).

AT THE STATE LEVEL

A State Health Planning and Development Agency (SHPDA) in each State. (In Illinois, it is the Illinois Department of Public Health).

A Statewide Health Coordinating Council (SHCC) in each State.

One or more Health Systems Agencies (HSA's) in each State. (Illinois has eleven (11) HSA's).

STATE HEALTH PLANNING AND DEVELOPMENT AGENCY

Under Section 1521, the Governor designates a State Health Planning and Development Agency (SHPDA) vested with the responsibility of carrying out the State's health planning and development functions mandated by the new Law. The Illinois Department of Public Health has been designated as the State Agency in Illinois.

FUNCTIONS

Under Section 1523 of the Law, the State Agency (SHPDA):

1. Conducts the health planning activities of the State and implements those parts of the State Health Plan and the plans of the Health Systems Agencies within the State which relate to the government of the State; determines the statewide health needs of the State.

HEALTH SYSTEMS AGENCIES

Under Section 1512 of the Law, each Health Service Area has a Health Systems Agency (HSA) to service the Area. These are private, non-profit corporations or public bodies, each of which must have a governing board made up of a majority (but not more than 60 percent) of consumers broadly representative of the population and major purchasers of health care in the area. The provider members of the board shall also be broadly representative of area provider interests with at least one (1) hospital administrator.

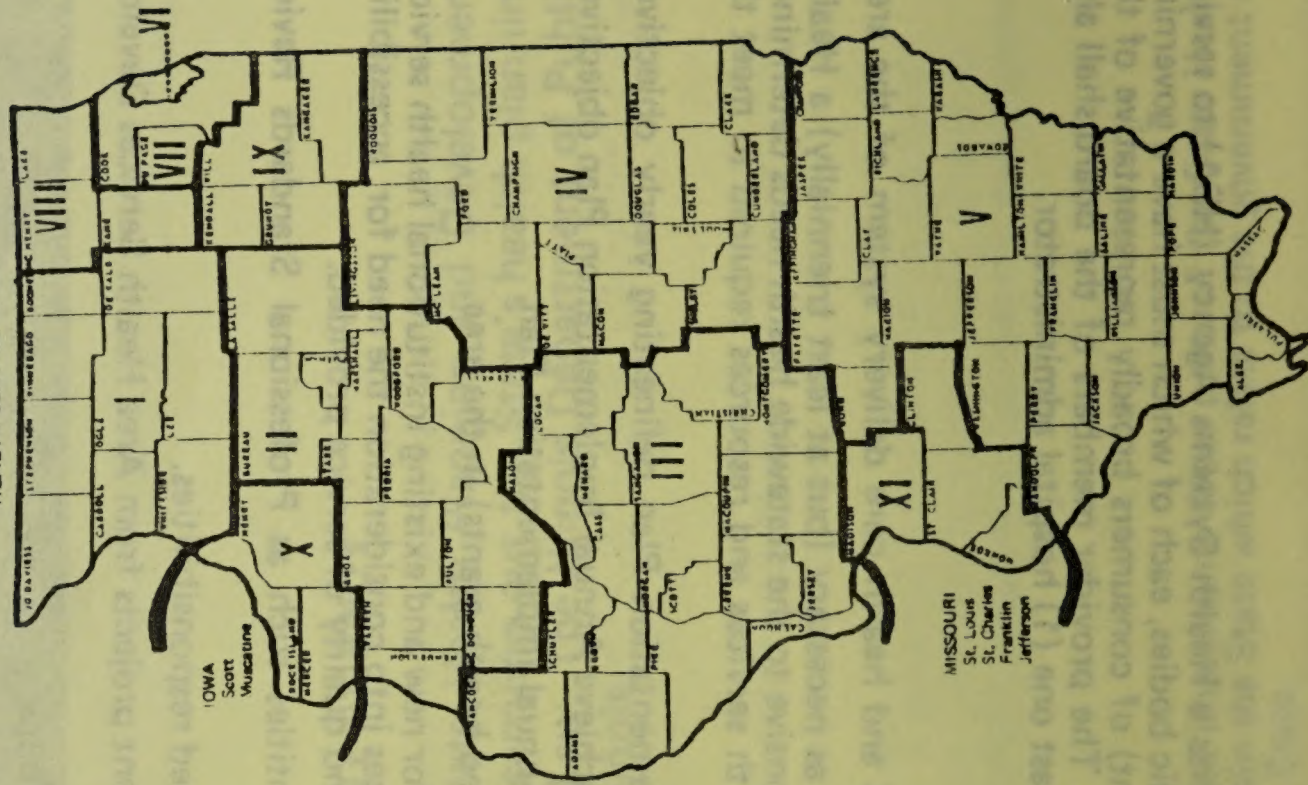
FUNCTIONS

Under Section 1513 of the Law, the HSA:

1. Assembles and analyzes health data on the residents and health care delivery system of the area.
2. Prepares, publishes, distributes, reviews, and amends as necessary (but at least triennially) a Health Systems Plan stating its long term goals, which is responsive to the statewide health needs determined by SHPDA, describes needed health and mental health services and resources required to meet the goals.
3. Prepares, publishes and distributes an Annual Implementation Plan delineating yearly objectives.
4. Develops and publishes specific plans and projects to achieve Annual Implementation Plan objectives.
5. Seeks to implement the Health Systems Plan and the Annual Implementation Plan.
6. Reviews and approves uses of Federal funds (for selected health grants) in the area.
7. Makes recommendations to the SHPDA on the need for new and existing institutional health services and the appropriateness of existing facilities which takes into consideration the need for, accessibility and availability, financial viability, cost effectiveness and quality of service provided.
8. Coordinates its activities with other appropriate entities such as Professional Standards Review Organizations and A-95 Agencies.
9. Assists the SHPDA in carrying out its Certificate of Need responsibilities.
10. Makes grants or contracts for health service development projects from Area Health Services Development funds.
11. Provides technical assistance to local individuals and groups.

HEALTH SERVICE AREAS – HEALTH SYSTEMS AGENCIES

HEALTH SERVICE AREAS



Final Health Service Areas
as designated by Secretary, DHHS
under P.L. 93-641, the National
Health Planning and Resources
Development Act of 1974.

ADDRESS CORRECTIONS

HSA III
One West Old Capitol Plaza, Suite 412
Springfield, Illinois 62701

HSA VI
205 West Randolph
LaSalle Plaza Building, Room 800
Chicago, Illinois 60606

FUNCTIONS

Under Section 1524 (c) of the Law, the SHCC:

1. In consultation with HSA's, establishes a uniform format for HSP's, reviews and coordinates the Health Systems Plan (at least triennially) and the Annual Implementation Plan (annually) of each Health Systems Agency within the State and reports comments to the Secretary of HHS.
2. Prepares, reviews (at least triennially) and revises as necessary a State Health Plan which shall be made up of the Health Systems Plans of the Health Systems Agencies within the State; describes needed institutional health services needed to provide for the well-being of persons receiving care within the State.
3. Reviews annually the budget of each Health Systems Agency and reports comments to the Secretary of DHHS.
4. Reviews applications for grants submitted by each Health Systems Agency and reports comments to the Secretary of DHHS.
5. Advises the State Agency (SHPDA) generally on the performance of its functions.
6. Reviews annually and recommends approval or disapproval of any State Plan or any application (and any revision) submitted for receipt of any funds under this Act, the Community Mental Health Centers Act, Section 409 of the Drug Abuse Office and Treatment Act of 1972, or the Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment and Rehabilitation Act of 1970 and (B) any application (and any revision) referred to in clause (A) for projects in more than one Health Service Area of the State.
7. Perform such other functions as may be required of the Council by federal law.

HEALTH SERVICE AREAS

The first step in the implementation of P.L. 93-641 was to establish a national network of over 200 Health Service Areas. Each Health Service Area had to meet the following criteria under Section 1511 (a) of the Law:

1. Be a geographic region appropriate for planning and development of health services based on population and health resources.
2. Contain at least one center for highly specialized services.
- *3. Have a population of between 500,000 and three million.
4. Be coordinated with existing planning areas to the extent possible.
5. Retain the boundaries of Standard Metropolitan Statistical Areas even if such Areas cross State boundaries, so that the health planning needs of metropolitan and non-metropolitan areas are distinguished.

In Illinois, eleven Health Services Areas have been designated, two (2) of which are bi-State (See map on following page).

**Waiver requests based on population were allowed in Illinois.*

HSA's IN ILLINOIS — 1978

AREA I

Mr. Joel Cowen Executive Director
Comprehensive Health Planning of Northwest Illinois, Inc.
206 West State Street, Suite 1008
Rockford, Illinois 61101
(815) 968-0720

AREA II

Mr. Lawrence Newell, Executive Director
Illinois Central Health Systems Agency, Inc.
P.O. Box 2200
East Peoria, Illinois 61611
(309) 694-6451

AREA III

~~Mr. John Kessler, Executive Director
West Central Health Systems Agency, Inc.
5th & Monroe, Room 813, Ridgely Building
Springfield, Illinois 62701
(217) 544-3412~~

AREA IV

Mr. Allen Wann, Executive Director
East Central Health Systems Agency
302 East John Street, Room 1707
Champaign, Illinois 61820
(217) 333-3987

AREA V

Mr. Martin Anderson, Executive Director
Comprehensive Health Planning in Southern Illinois, Inc.
608 East College Box 3698
Carbondale, Illinois 62901
(618) 549-2161

AREA VI

~~Mr. Philip R. Davis, Executive Director
Commission for Health Planning and Resources Development
180 North LaSalle, Room 700
Chicago, Illinois 60601
(312) 744-5877~~

AREA VII

Mrs. Jean Adams, Executive Director
Suburban Cook County-DuPage County
Health Systems Agency
1010 Lake Street
Oak Park, Illinois 60301
(312) 524-9700

AREA VIII

Mr. Richard Janishevski, Executive Director
HSA for Kane, Lake and McHenry Counties
188 South Northwest Highway
Cary, Illinois 60013
(312) 639-0061

AREA IX

Mr. Vincil Swearingen, Executive Director
Region IX Health Systems Agency
1520 Rock Run Drive
Joliet, Illinois 60435
(815) 744-2515

AREA X

Ms. Jane Robertson, Executive Director
Illowa Health Systems Agency
2707 Kimberly Road
Bettendorf, Iowa 52722
(319) 359-3661

AREA XI

Robert Finney, Ph.D., Executive Director
Greater St. Louis Health Systems Agency
Syndicate Trust Building, 15th Floor
915 Olive Street
St. Louis, Missouri 63101
(314) 241-5810

NATIONAL HEALTH PRIORITIES

The United States Congress has identified seventeen National Health Priorities in Section 1502 of the Public Health Service Act for consideration in the formulation of national, state and areawide health planning goals. Ten are introduced by P.L. 93-641, and the remaining seven are articulated in P.L. 96-79.

1. The provision of primary care services for medically underserved populations, especially those which are located in rural or economically depressed areas.
2. The development of multi-institutional systems for coordination or consolidation of institution health services (including obstetric, pediatric, emergency medical, intensive and coronary care, and radiation therapy services).
3. The development of medical group practices (especially those whose services are appropriately coordinated or integrated with institutional health services), health maintenance organizations, and other organized systems for the provision of health care.
4. The training and increased utilization of physician assistants, especially nurse clinicians.
5. The development of multi-institutional arrangements for the sharing of support services necessary to all health service institutions.
6. The promotion of activities to achieve needed improvements in the quality of health services, including needs identified by the review activities of Professional Standards Review Organizations.
7. The development by the health service institutions of the capacity to provide various levels of care (including intensive care, acute general care, and extended care) on a geographically integrated basis.
8. The promotion of activities for the prevention of disease, including studies of nutritional and environmental factors affecting health and the provision of preventive health care services.
9. The adoption of uniform cost accounting, simplified reimbursement, and utilization reporting systems and improved management procedures for health service institutions.

10. The development of effective methods of educating the general public concerning proper personal (including preventive) health care and methods for effective use of available health services.
11. The promotion of an effective energy conservation and fuel efficiency program for health service institutions to reduce the rate of growth of demand for energy.
12. The identification and discontinuance of duplicative and unneeded services and facilities.
13. The adoption of policies which will: (A) contain the rapidly rising costs of health care delivery; (B) insure more appropriate use of health care services; and (C) promote greater efficiency in the health care delivery system.
14. The elimination of inappropriate placement in institutions of persons with mental health problems and the improvement of the quality of care provided those with mental health problems for whom institutional care is appropriate.
15. Assurance of access to community mental health centers and other mental health care providers for needed mental health services to emphasize the provision of outpatient as a preferable alternative to inpatient mental health services.
16. The promotion of those health services which are provided in a manner cognizant of the emotional and psychological components of the prevention and treatment of illness and maintenance of health.
17. The strengthening of competitive forces in the health services industry wherever competition and consumer choice can constructively serve, in accordance with subsection (b), to advance the purposes of quality assurance, cost effectiveness, and access.

Input from local citizens is vital to meaningful implementation of P.L. 93-641/P.L. 96-79. Contact the HSA responsible for health planning in your area and participate in its various activities. Become a member of the governing board or special project committees whenever possible.

For further information contact: State Health Planning and Development Agency, Office of Planning, 525 West Jefferson Street, Room 300, Springfield, Illinois 62761.



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